

6-15-05

PFW
\$**AMENDMENT TRANSMITTAL LETTER**Docket No.
ADY-001BApplication No.
10/627311-Conf. #1900Filing Date
July 25, 2003Examiner
S. M. MayerArt Unit
1653

Applicant(s): Cydney C. BROOKS

Invention: USE OF INSULIN RESPONSE MODULATORS IN THE TREATMENT OF DIABETES AND
INSULIN RESISTANCE**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

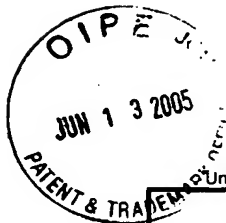
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	57	- 29 =	28	x 25.00	700.00
Independent Claims	10	- 9 =	1	x 100.00	100.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					180.00
Other fee (please specify): Extension for response within fifth month					1,080.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					2,060.00

☐ Large Entity☒ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 12-0080 in the amount of \$ 2,060.00.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 12-0080
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.Dated: June 13, 2005Debra J. Milasincic
Attorney Reg. No.: 46,931LAHIVE & COCKFIELD, LLP
28 State Street
Boston, Massachusetts 02109
(617) 227-7400I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 553864435 US,
in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date
shown below.

Dated: June 13, 2005

Signature Debra J. Milasincic

(Debra J. Milasincic)



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/627311-Conf. #1900
		Filing Date	July 25, 2003
		First Named Inventor	Cydney C. BROOKS
		Examiner Name	S. M. Mayer
		Art Unit	1653
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	ADY-001B
TOTAL AMOUNT OF PAYMENT (\$) 2,060.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							Small Entity
							Fee (\$)
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues)							50 25
Each independent claim over 3 (including Reissues)							200 100
Multiple dependent claims							360 180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
57 - 29 = 28		x	25.00	=	180.00		980.00
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
10 - 9 = 1		x	100	=	100.00		
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
- 100 =	/50	(round up to a whole number) x		=			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2255 Extension for response within fifth month							1,080.00

SUBMITTED BY			
Signature	Registration No. (Attorney/Agent)	Telephone	
Name (Print/Type)	Date		
Debra J. Milasincic	June 13, 2005		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 553864435 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: June 13, 2005 Signature: (Debra J. Milasincic)